#### **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

P.O. Box 12070

#### FORM C/OH COVER SHEET PG 1

(512)463-5800

OAIIII AIOITT	MANOL ILLI OILI		OOVER ONLEN TO I
The C/OH Instruction G	UIDE explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers) 00000001	2 Total pages this report:
3 CANDIDATE /	TITLE FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Christopher 'Chip	<b>)</b> '	Date Received
147 11712	NICKNAME LAST	SUFFIX	
	Haass		APR -
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER ADDRESS	P.O. Box 171121		D 经6
Change of Address	SAN ANTONIO TX 78217		Date Hand-delivered or eate Postriced
5 CAMPAIGN	TITLE FIRST	MI	1
TREASURER NAME	Veronica		Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Garcia		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI  439 Cloverleaf  SAN ANTONIO TX 78209	ITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
7 CAMPAIGN TREASURER PHONE	( ) -	EXTENSION	
8 REPORT TYPE	January 15 X 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	01/01/2003	03/24/20	03
10 ELECTION	ELECTION DATE ELECTION TO Month Day Year	YPE	
	05/03/2003	y Runoff X	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If known Other City Councinio 10	il San Anto -
DIRECT CAMPAIGN	Direct campaign expenditures are campaign ex Candidates are required to disclose this information		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	go то	PAGE 2	

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH

			COVER SHEET PG 2
14 C/OH NAME	rip Had	255	15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	This box is for no may have been mad	otice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidatif they receive notice of such expenditures.	date / officeholder lese expenditures tes and officeholders are required to eport
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	S CAN
	GENERAL	COMMITTEE ADDRESS	7 770
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	1: 40
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit belo	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 2,134.50
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,134.50 \$ 6,551.29
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 90,92
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,484,44
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0,00
AFFIX NOTARY STAMP	TEXAS TEXAS	I swear, or affirm, under penalty of pe is true and correct and includes all info me under Title 15, Election Code. Signature of Candida	ormation required to be reported by
Sworn to and subscribe	<i>1</i> 12	ne said	, this the day
Signature of officer adm	MX	Molinia Sloyet Mo	of officer administering oath

## **POLITICAL CONTRIBUTIONS**

SCHEDULE A 1

	The Instructo	אס Guide explains how to complete this form.		1 Total pages this 3/17	
?	FILER NAME Christopher			3 ACCOUNT#	(Ethics Commission field
,	Date	5 Full name of contributor  ut-of-state PAC(ID# Ed & Carmen Barrera		7 Amount of contribution (\$)	8 In-kind contribution description (in opplication)
	01/18/2003	6 Contributor address; City; State; Zip Code 3 Deerhurst		100.00	. 40
		San Antonio TX 78218	:		1
	Principal occup retired	eation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/18/2003	Contributor address; City; State; Zip Code 5833 Woodridge Oaks		100.00	   
		San Antonio TX 78249		:	
	Principal occup accountant	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of	In-kind contribution
		Joe & Melissa Ciavarra		contribution (\$)	description (if applicable)
	01/15/2003	Contributor address; City; State; Zip Code 5407 Preston Fairways Circle	:	100.00	
		Dallas TX 75252			<u> </u>
	Principal occup oil and gas er	ation (Optional) ngineer	Employer (Option	al)	
-	Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of	In-kind contribution
		Robert L. & Josephine C. Comeaux		contribution (\$)	description (if applicable)
	02/19/2003	Contributor address; City; State; Zip Code 702 W. French Pl.		100.00	
		San Antonio TX 78212			<u> </u>
	Principal occup educator	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/18/2003	Contributor address; City; State; Zip Code 18200 Blanco Springs Rd.		50.00	
	4	San Antonio TX 78258	:		
		ation (Optional)	Employer (Option	al)	
_	sales		, , , , , ,		

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	The Instruction	אס Guide explains how to complete this form.		1 Total pages this	·	
2	FILER NAME Christopher '			3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor  ut-of-state PAC(ID# Meredith Coppolo	)	7 Amount of contribution (\$)	8 In-kind-contributed descript (if applicable)	
	03/20/2003	6 Contributor address; City; State; Zip Code 18200 Blanco Springs Rd.		49.14	Printing OF SAN CITY CI	
		San Antonio TX 78258			mem .	
9	Principal occup sales	ation (Optional)	10 Employer (Option	al)	= \$\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}{\frac{\frac{\frac{\fir}{\firac{\fir}}}}}}{\frac{\frac{\fir}{\firac{\fir}{\firac{\fir}}}}}{\frac{\frac{\frac{\fir}{\firig}}}}}}}{\frac{\frac{\firac{\firac{\fir}{\firighta}}}}}}{\	
	Date	Full name of contributor ☐ out-of-state PAC(ID# Roy W. Cruz	)	Amount of contribution (\$)	In-kind contribution description (Happlicable)	
	01/18/2003	Contributor address; City; State; Zip Code 14203 Fairway Basin		25.00	 	
	Oninginal	San Antonio TX 78217				
	accountant	ation (Optional)	Employer (Option	ai)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/19/2003	Contributor address; City; State; Zip Code 14203 Fairway Basin		100.00		
		San Antonio TX 78217				
	Principal occup accountant	ation (Optional)	Employer (Option	ai)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/10/2003	Contributor address; City; State; Zip Code 131 W. Lynwood		100.00		
		San Antonio TX 78212				
	Principal occup unknown	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor  ut-of-state PAC(ID# Miriam & Leslie Ellison	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/18/2003	Contributor address; City; State; Zip Code 211 Oak Leaf	• • • • • • • • • • • • • • • • • • • •	50.00		
		San Antonio TX 78209			! 	
		ation (Optional)	Employer (Option	al)	<del> </del>	
	minister					

**Texas Ethics Commission** 

# POLITICAL CONTRIBUTIONS CITY OF SAN ANTONIO OTHER THAN PLEDGES OR LOANS CITY CLERK

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	OTT CLERK					
	The Instruction	אס Guide explains how to complete this form.	2003 APR -3	A Hota H Qes this 5/17		
2	FILER NAME Christopher '			3 ACCOUNT# 00000001	(Ethics Commission flers)	
4	Date	5 Full name of contributor  out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
=	02/19/2003	6 Contributor address; City; State; Zip Code 211 Oak Leaf		25.00		
		San Antonio TX 78209				
9	Principal occup minister	ation (Optional)	10 Employer (Option	al)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/21/2003	Contributor address; City; State; Zip Code 735 Sweetbrush		500.00		
L	Duitanian	San Antonio TX 78258				
	accountant	ation (Optional)	Employer (Option	aı) 		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/20/2003	Contributor address; City; State; Zip Code 312 Fair Lane		100.00	   	
		New Braunfels TX 78130			<u> </u>	
	investor	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/15/2003	Contributor address; City; State; Zip Code 8760 Cross Mountain Trail		500.00	consulting services	
		San Antonio TX 78255				
	Principal occup	ation (Optional) sultant	Employer (Option	al)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/13/2003	Contributor address; City; State; Zip Code PO Box 13430		100.00		
		San Antonio TX 78217				
	Principal occup entrepeneur	ation (Optional)	Employer (Option	al)		
	J.M. oponoul		L <del></del>			
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RECEIVED SCHEDULE A 1
CITY OF SAN ANTORIO ORMS C/OH & SPAC)
CITY CLERK

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	The Instruction	on Guide explains how to complete this form.	2003	PR Total page the	**************************************
2	FILER NAME Christopher '0			3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	Full name of contributor    out-of-state PAC(ID# Margaret Johnson		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/19/2003	6 Contributor address; City; State; Zip Code 206 College Blvd.		100.00	<u> </u> 
		San Antonio TX 78209			
9	Principal occup educator	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/18/2003	Contributor address; City; State; Zip Code 1113 Wiltshire		100.00	
		San Antonio TX 78209			
	Principal occup home maker	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of	In-kind contribution
		Brue L. & Caroline L. Lindow		contribution (\$)	description (if applicable)
	02/19/2003	Contributor address; City; State; Zip Code 7642 Stone Crop Lane		250.00	
		San Antonio TX 78249			
	Principal occup accountant	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Lawrence R. Linnartz,P.C.		CONTRACTOR (4)	I accompliant (ii application)
	02/12/2003	Contributor address; City; State; Zip Code 739 Sweetbrush		200.00	! 
		San Antonio TX 78258			
	Principal occup attorney	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Joe & Anna Nava	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2003	Contributor address; City; State; Zip Code 1811 Native Dancer St.		100.00	
		San Antonio TX 78248			 
	•	pation (Optional)	Employer (Option	al)	·
<b> </b>	educator	***************************************			

P.O.Box 12070

SCHEDULE A 1 RECEIVED SCHEDULE A 1

_	OIIIEN	THAN FLEDGES ON LOAD		TY CLERK	
	The Instruction	อพ Guide explains how to complete this form.	2003 API	1- 3otal pages this	COPT:
2	FILER NAME Christopher			3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC(ID# Larry Ricketts		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/18/2003	6 Contributor address; City; State; Zip Code 12290 Hwy 181S		50.00	
		San Antonio TX 78223			
9	Principal occup rancher	nation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/21/2003	Contributor address; City; State; Zip Code 12290 Hwy 181S		200.00	labor costs
ŀ		San Antonio TX 78223			
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/13/2003	Contributor address; City; State; Zip Code 320 Lexington Ave.		100.00	 
		San Antonio TX 78217			<u> </u>
	Principal occup attorney	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Edward Riojas	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/18/2003	Contributor address; City; State; Zip Code 11815 Tarragon Cove		100.00	 
L		San Antonio TX 78213		<u> </u>	
	Principal occup banking	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Larry Romo	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/03/2003	Contributor address; City; State; Zip Code 2906 Wood Knoll		100.00	1
		San Antonio TX 78251			<u> </u> 
	Principal occup	pation (Optional)	Employer (Option	ai)	

**Texas Ethics Commission** 

RECEIVED SCHEDULE A 1
CITY OF SAN ANTUNIO
CITY CLERK

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	The Instruction	พ Guide explains how to complete this form.	2003	APRotal geges Ais	<b>ም</b> ኒ 0
2	FILER NAME Christopher 'C	Chip' Haass		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC(ID# Patricia Rouse	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/31/2003	6 Contributor address; City; State; Zip Code 114 Talavera Pkwy.,#1134		100.00	
		San Antonio TX 78232			
9	Principal occup attorney	ation (Optional)	10 Employer (Options	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Sunbelt Ventures,INC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/20/2003	Contributor address; City; State; Zip Code 13777 Judson Rd,Ste. 105		125.00	
		San Antonio TX 78233			
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/18/2003	Contributor address; City; State; Zip Code 1206 Lost Stone		100.00	
		San Antonio TX 78258			
	Principal occup accountant	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/05/2003	Contributor address; City; State; Zip Code 1938 Broken Oak St.		50.00	
		San Antonio TX 78232			 
	Principal occup educator	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2003	Contributor address; City; State; Zip Code 1938 Broken Oak St.		50.00	
		San Antonio TX 78232			
		ation (Optional)	Employer (Option	al)	
	educator	· <del></del>			
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**Texas Ethics Commission** 

RECEIVED SCHEDULE A 1
CITY OF SAN ANTONIORMS C/OH & SPAC)
CITY CLERK

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	The instruction	N GUIDE explains how to complete this form.	2003	<b>/PPTotal3</b> ages <b>∆his</b> r 9/17	profit ()
2	FILER NAME Christopher 'C	Chip' Haass		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC(ID# Carrie Wilborn		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/18/2003	6 Contributor address; City; State; Zip Code 6514 Laurel Hill		100.00	
		San Antonio TX 78229			
9	Principal occup home maker	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Carrie Wilborn	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/18/2003	Contributor address; City; State; Zip Code 6514 Laurel Hill		50.00	
	Driveinal easys	San Antonio TX 78229	Employer (Option	o()	
	Principal occup home maker	ation (Optional)	Employer (Option	ai)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/19/2003	Contributor address; City; State; Zip Code 6514 Laurel Hill		20.00	
		San Antonio TX 78229			
	Principal occup home maker	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/10/2003	Contributor address; City; State; Zip Code 6 Sherborne Lane		500.00	
		San Antonio TX 78257			 
	Principal occup surgeon	ation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor  out-of-state PAC(ID# Dr. Gerardo Zavala	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/13/2003	Contributor address; City; State; Zip Code 6 Sherborne Lane		22.65	printing
		San Antonio TX 78257			<b>!</b> <b>!</b>
		nation (Optional)	Employer (Option	nal)	
<u> </u>	surgeon				

#### **POLITICAL EXPENDITURES**

#### RECEIVED CITY OF SAN ANTONIO CITY CLERK

		CITYC	LERK
The Instructo	он Guide explains how to complete this form.	2003 APR -3	1ATd11p110 report: 10/17
2 FILER NAME Christopher '			3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/05/2003  8 Purpose of exinformation recampaign ma	6 Payee address; City; State; Zip Code 4807 West Avenue San Antonio TX 78213  penditure (See instructions regarding type of quired.)	Complete if direct experience of the complete of the comp	enditure to benefit C/OH **  office sought Office held
Date 01/31/2003	Payee name  Allied Advertising  Payee address; City; State; Zip Code  3700 Blanco Road  San Antonio TX 78212		Amount (\$) 2697.00
Purpose of exp information red printing	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH * * name Office sought Office held
Date 02/19/2003	Payee name  Barn Door Restaurant  Payee address; City; State; Zip Code  8400 N New Braunfels  San Antonio TX 78209		Amount (\$) 382,89
Purpose of exp information red facilities serv		Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH * * name Office sought Office held
Date 03/15/2003	Payee name  Bee's Mexican restaurant  Payee address; City; State; Zip Code 3975 Perrin Central  San Antonio TX 78217		Amount (\$) 5.03
Purpose of exp information red food	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** name Office sought Office held
-			

## **POLITICAL EXPENDITURES**

RECEIVED CITY OF SAN ANTONIO

(512)463-5800

		ČÍTÝ	CLERK	
The Instructs	ом Guide explains how to complete this form.	2003 APR -3	1 Atothiadispeport:	
2 FILER NAME Christopher			3 ACCOUNT # (Ethics C 00000001	ommission filers)
4 Date 02/05/2003	5 Payee name Bob's Printing  6 Payee address; City; State; Zip Code 1626 Fredericksburg Road San Antonio TX 78201			Amount (\$) 784.25
8 Purpose of explinformation reconstruction printing	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder in	enditure to benefit C/OH ** name Office sought	Office held
Date 03/06/2003	Payee name  Bob's Printing  Payee address; City; State; Zip Code  1626 Fredericksburg Road  San Antonio TX 78201			Amount (\$) 254.59
Purpose of exp information red campaign ma	•	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held
Date 03/09/2003	Payee name Chili's Olympia Parkway Payee address; City; State; Zip Code 12503 IH 10 San Antonio TX 78230			Amount (\$) 10.43
Purpose of exp information red food volunted	· · · · · · · · · · · · · · · · · · ·	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH * * name Office sought	Office held
Date 02/19/2003	Payee name  City of San Antonio  Payee address; City; State; Zip Code  P.O. Box 839975  SAN ANTONIO TX 78283-3975			Amount (\$) 100.00
information red	penditure (See instructions regarding type of quired.) puncil candidates	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held

## **POLITICAL EXPENDITURES**

# RECEIVED CITY OF SAN ANTONIO

	:	CITY CLERK	
The Instruction	ON GUIDE explains how to complete this form.	3 APR -3 A     4 P1 Total pages rep 12/17	ort:
2 FILER NAME Christopher		3 ACCOUNT: 00000001	# (Ethics Commission filers)
4 Date	5 Payee name	7	Amount (\$)
02/09/2003	Cross Creek Ace Hardware		3.23
	6 Payee address; City; State; Zip Code 9122 Grissom Rd		
	San Antonio TX 78250		
8 Purpose of ex	L penditure (See instructions regarding type of	9 Complete if direct expenditure to benefit	C/OH
information re- campaign ma		Candidate / Officeholder name Office	e sought Office held
Date	Payee name		Amount
01/21/2003	Dale Curry		(\$) 200.00
	Payee address; City; State; Zip Code		
:	4103 Modena Drive		
Purpose of ex	San Antonio TX 78218  penditure (See instructions regarding type of	Complete if direct expenditure to benefit	2/OH
information red	quired.)	•	e sought Office held
catering serv	ines		
Date	Payee name		Amount
01/13/2003	Anna Dorrycott		(\$) 400.00
	Payee address; City; State; Zip Code		
	7503 Westlyn Drive		
	San Antonio TX 78227-2772		
information red		Complete if direct expenditure to benefit ( Candidate / Officeholder name Officeholder name	C/OH " " e sought Office held
campaign ma	aterials service		
Date	Payee name		Amount
02/05/2003	Easy Drive		(\$) 412.62
-	Payee address; City; State; Zip Code		,,_,,_
	906 Ruiz Street		
	San Anotnio TX 78207		
information red	•	Complete if direct expenditure to benefit ( Candidate / Officeholder name Office	C/OH * * e sought Office held
campaign ma	aterial		

# Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 RECEIVED RECEIVED OF SAN ANTONIO

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POLITI	CAL EXPENDITURES FOR SITY			SCHEDULE F	
The I		3 A 11: 110	1 Total pages	report:	
The Instruction	אה Guide explains how to complete this form.		13/17	·	
2 FILER NAME Christopher	_		3 ACCOUN 0000000	T# (Ethics Commission filers)	
4 Date	5 Payee name			7 Amount	
02/05/2003	Easy Drive			(\$) 412.62	
	6 Payee address; City; State; Zip Code				
	906 Ruiz Street				
	San Anotnio TX 78207				
8 Purpose of ex	penditure (See instructions regarding type of	9 Complete if direct expe			
information rec campaign ma		Candidate / Officeholder na	ame (	Office sought Office held	
Date	Payee name			Amount	
02/07/2003	Four Seasons Sports Shop			(\$) 1071.68	
	Payee address; City; State; Zip Code				
	115 E. Colonial Pkwy				
	Devine TX 78016				
Purpose of expenditure (See instructions regarding type of		Complete if direct expe			
information required.) campaign material		Candidate / Officeholder na	ame (	Office sought Office held	
Date	Payee name			Amount	
03/08/2003	Jim's Restaurant			(\$) 11.90	
	Payee address; City; State; Zip Code				
	2630 NE Loop 410				
	SAN ANTONIO TX 78216				
Purpose of ex information re	penditure (See instructions regarding type of guired )	Complete if direct expe	enditure to bene	offit C/OH ** Office sought Office held	
food volunte					
Date	Payee name			Amount	
01/09/2003	Little Caesars			(\$) 15.72	
	Payee address; City; State; Zip Code				
	1302-01 Austin Hwy				
	San Antonio TX 78209				
Purpose of expenditure (See instructions regarding type of information required.)		Complete if direct expe Candidate / Officeholder n		offit C/OH " " Office sought Office held	
food for volunteers					

<u>Texas Ethics Commission</u> P.O.Box 12070 Austin, <u>Texas 78711-2070</u> (512)463-5800

## **POLITICAL EXPENDITURES**

# RECEIVED

		CITY OF SAN ANIGNIE CITY CLERK			
The Instruction	אס Guide explains how to complete this form.	2003 APR -3 A 11:	LiO Total pages report: 14/17		
2 FILER NAME Christopher '			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date	5 Payee name	•	7 Amount (\$)		
01/09/2003	Office Depot		8.62		
	6 Payee address; City; State; Zip Code				
	25 NE Loop 410 Ste 100				
	San Antonio TX 78216				
8 Purpose of exp information red office materia	•	9 Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH * " name Office sought Office held		
Date	Payee name		Amount		
01/09/2003	Office Depot		(\$) 32.35		
	Payee address; City; State; Zip Code				
	25 NE Loop 410 Ste 100				
	San Antonio TX 78216				
Purpose of exp information red office materia		Complete if direct exp Candidate / Officeholder r	venditure to benefit C/OH * * name Office sought Office held		
Date	Payee name		Amount (\$)		
01/15/2003	Office Depot		35.86		
	Payee address; City; State; Zip Code	•			
1	8510 Four Winds Drive				
	Windcrest TX 78239-1946	·····			
Purpose of ex information re- office supplie		Complete if direct exp Candidate / Officeholder	venditure to benefit C/OH ** name Office sought Office held		
Date	Payee name		Amount (\$)		
03/05/2003	Office Depot		30.19		
	Payee address; City; State; Zip Code				
	25 NE Loop 410 Ste 100				
	San Antonio TX 78216				
Purpose of ex information re-	penditure (See instructions regarding type of quired.)	Complete if direct exp	penditure to benefit C/OH * * name Office sought Office held		
office materi	• •		-		

## POLITICAL EXPENDITURES RECEIVED SCHEDULE F

The Instruction Guide explains how to complete this form. 2003 APR - 3 14 This paper report:						
2 FILER NAME Christopher			3 ACCOUN 00000000	T# (Ethics Commission filers)		
4 Date	5 Payee name			7 Amount		
03/19/2003	Office Depot			(\$) 63.23		
	6 Payee address; City; State; Zip Code					
	8510 Four Winds Drive					
	Windcrest TX 78239-1946					
8 Purpose of exinformation reconffice materia	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder n		fit C/OH ** Office sought Office held		
Date	Payee name			Amount		
				(\$)		
03/20/2003	Office Depot			12.72		
	Payee address; City; State; Zip Code					
	8510 Four Winds Drive					
	Windcrest TX 78239-1946					
Purpose of ex information re- office materia		Complete if direct exp Candidate / Officeholder r		fit C/OH ** Office sought Office held		
Date	Payee name			Amount		
01/03/2003	Office Max			(\$) 31.28		
	Payee address; City; State; Zip Code					
	255 East Basse					
	SAN ANTONIO TX 78209					
Purpose of ex information re Office mater	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to bene name	efit C/OH ** Office sought Office held		
Date	Payee name		d \$	Amount		
02/17/2003	Office Max			(\$) 17.88		
	Payee address; City; State; Zip Code			.,,,,,,,		
	255 East Basse					
	SAN ANTONIO TX 78209					
Purpose of ex	penditure (See instructions regarding type of	Complete if direct exp	enditure to bene	efit C/OH "		
information re office materi	quired.)	Candidate / Officeholder i	name	Office sought Office held		

# POLITICAL EXPENDITURES RECEIVED CITY OF SAN ANTONIO CITY CLERK

SCHEDULE F					
	SCH	ED	uL	E	F

		OFF		
The Instruction	אס Guide explains how to complete this falls APR "	-3 A II: 40	1 Total pages report: 16/17	
2 FILER NAME Christopher			3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date	5 Payee name		7 Amount (\$)	
01/24/2003	Pompeii Italian Grill  6 Payee address; City; State; Zip Code		26.00	
	16901 Macogdoches Rd			
	San Antonio TX 78247			
8 Purpose of exp information red food voluntee	•	9 Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held	
Date	Payee name		Amount	
01/31/2003	Salsalito	,,	(\$) 18.97	
	Payee address; City; State; Zip Code			
	14535 Nacogdoches Rd			
	San Antonio TX 78247			
Purpose of ex information re- food volunted		Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH • • name Office sought Office held	
Date	Payee name		Amount	
01/09/2003	U.S. Postmaster		(\$) 185.00	)
	Payee address; City; State; Zip Code			
	Perrin Beitel			
	SAN ANTONIO TX 78233			
Purpose of ex information re postage	penditure (See instructions regarding type of quired.)	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** r name Office sought Office held	
Date	Payee name	<u> </u>	Amount	
03/05/2003	U.S. Postoffice		(\$) 22.50	)
	Payee address; City; State; Zip Code			
	North Broadway Station			
	SAN ANTONIO TX 78217			
Purpose of ex information re postage	tpenditure (See instructions regarding type of equired.)	Complete if direct ex Candidate / Officeholde	kpenditure to benefit C/OH " rname Office sought Office held	1

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

### **POLITICAL EXPENDITURES**

# RECEIVED

		CITYCL	ERK
The Instruction	אס Guide explains how to complete this form.	7003 APR -3	A Hiald s report:
2 FILER NAME Christopher			3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/05/2003	5 Payee name U.S. Postoffice 6 Payee address; City; State; Zip Code North Broadway Station SAN ANTONIO TX 78217		7 Amount (\$) 22.50
8 Purpose of exinformation recognized	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH " name Office sought Office held
Date 03/07/2003	Payee name  Water Street Oyster Bar  Payee address; City; State; Zip Code 7500 Broadway  San Antonio TX 78209		Amount (\$) 25.46
Purpose of ex information re food campai		Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held
Date 01/02/2003	Payee name  XCell  Payee address; City; State; Zip Code 7120 Military Drive  San Antonio TX 78227		Amount (\$) 476.83
Purpose of ex information re campaign m		Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held
Date 02/19/2003	Payee name  Dr. Gerardo Zavala  Payee address; City; State; Zip Code 6 Sherborne Lane  San Antonio TX 78257		Amount (\$) 93.58
information re	penditure (See instructions regarding type of quired.) ent campaign materials	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH "" name Office sought Office held